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Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1466

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
3652 Evans Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Floren Perry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single; widowed, married, divorced Married

6. (b) Name of husband or wife Mary Smith Perry

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb 24th 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Kelso Foster

(b) Address 1520 North Spring Ave

17. (a) Burial (b) Date thereof 2/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) FEB 14 1941 (b) J. F. Brudeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOO

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3652 Evans Ave
(If rural, give location)

(e) ~~_____~~ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1940 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him im alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Arterial Sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature Floren Perry (M. D. or other) _____

Address _____ Date signed 3/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank H. Stewart*

Licensed Embalmer No. *2265*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

-If this body is not embalmed, fact should be so stated above.